NHS
Central Cheshire
Integrated Care Partnership

EPaCCS Workbook

Electronic Palliative Care Coordination Systems

Central Cheshire Integrated Care Partnership

Care Community Teams

May 2021 version 3

Index

WELCOME TO THE EPACCS WORKBOOK FOR COMMUNITY TEAMS

The purpose of this workbook is to support your knowledge and understanding around how to use EPaCCS in your everyday practice to enhance the coordination of care for patients on your caseload that are palliative or approaching the end of life.

You should complete the workbook individually alongside your PC or laptop and with access to EMIS web patient records related to your caseload. This workbook is yours to keep so you can feel free to write down additional notes as you go along as it does not need to be handed in. It should take around 30-45 minutes to complete. There are additional activities that you may be prompted and recommended throughout the workbook that you may choose to do in your own time.

WORKBOOK ICONS EXPLAINED
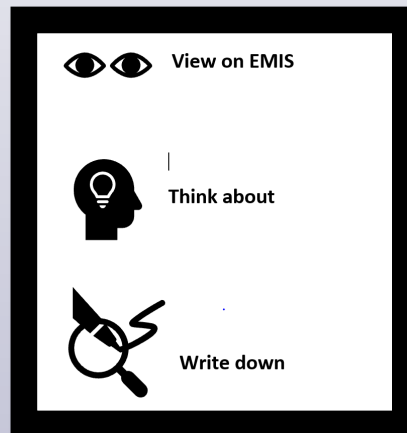
View on EMIS

Think about

Write down

These three icons will be illustrated in sections throughout the workbook to indicate what **activity you need to complete.**

Go and find out about

Discuss with your colleagues

Further reading

These three icons will be illustrated in sections throughout the workbook to indicate what **activity you can choose to complete** to further enhance your understanding.

What is EPACCS?

EPaCCS is a nationally recognised abbreviation for Electronic Palliative Care Coordination Systems

Essentially it is about sharing a **summary of important and coded information** electronically when someone is recognised to be palliative or nearing the end of their life, so that this is available at the point of care
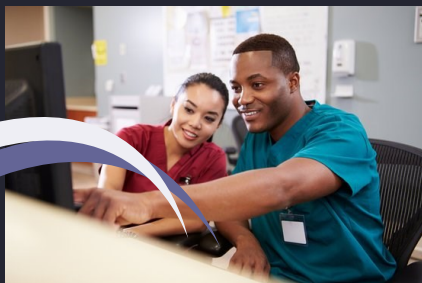
Information within EPACCS

The type of information shared in EPaCCS includes:

- Important conversations e.g. about prognosis , CPR discussions

- Patient preferences and wishes e.g. about treatment or place of care at the end of life

- Anticipatory plans that are in place e.g. Out of Hours notifications, Blue Booklet medications

What EPACCS is NOT!

It helps if we stop thinking of EPACCS as something that sits separately to our usual clinical note taking. This is because across Cheshire the system we use to deliver EPACCS is EMIS Web.

Throughout this workbook you will learn about using EPACCS as an automated process that can be easily integrated into your everyday practice.

Activity 1 Think about the patients' on your case load. Now you have read a little about EPaCCS, write down what you feel the **patient related benefits** could be from using it:

CHECKPOINT! Did your list of patient benefits above include:

- How EPaCCS could be used to support sensitive and timely patient conversations ?
- What may happen to them during the Out of Hours period when you and your team are not around?
- What may happen to them in an emergency situation?

Activity 2 Now write down what you think the benefits of using EPaCCS could be for professionals involved in the patient's care:

CHECKPOINT! - Continue to consider the benefits of using EPaCCS for both patients and professionals as you go through the workbook and learn more about how to use it in your everyday practice.

EPACCS EXPLAINED

CONSENT & EPACCS

Information governance in relation to healthcare is clearly defined in legal terms. Patient consent for information sharing is required.

The current end of life care information standard (ISB 1580; DH 2012), provides the national framework for EPaCCS, and specifies that patients should explicitly give consent for inclusion on an 'end-of-life care register'.

There is ongoing national debate around EPaCCS and the obtaining of explicit consent given that the term 'end of life register' is no longer a commonly used term in modern day end of life care. In addition to this, there are significant variations in the way that EPaCCS systems are set up nationally with many areas choosing to integrate EPaCCS within existing clinical records (as we do in Cheshire) rather than set up separate recording systems.

Drop down menu options include:
- Consent to share, withdrawal of consent, best interest decision or consent by a nominated representative

Consent Status
Add patient to EPaCCS.
To show that the patient has given consent for you to create and share their EPaCCS record, please select the below.
This only needs recording once.

☐ Date consent given   30-Nov-2016 🗓   18-Nov-2016 »
Please select and record here any other information about their consent decision.
Further details   [▼]   28-Oct-2016 **Consent legiti...** »
☐ Withdrawal of consent for sharing   Text [   ]   No previous entry

CHESHIRE CONSENT POSITION WHEN USING EPACCS

The consent feature within the EPaCCS template is dictated nationally by EMIS and in response to the ISB 1580 mentioned above. When considering how this relates to a patient under your care you should be guided by the principle that there should be **'no surprises'** for the patient in terms of *any* information contained in their Medical record. The use of the consent codes within the EMIS template form an integral part of the general patient record and as such it is not a requirement for you to gain separate consent before coding important palliative and end of life information within EPaCCS where this is being done to support the coordination of patient care.

HOWEVER, where applicable the use of the consent codes will help to 'trigger' the clinician to check that appropriate conversations have taken place with the patient (or their significant others where the person lacks capacity). Remember that any coded data will subsequently show on patient records where these are being shared directly with the patient and may be used by other clinicians' as a basis for further conversations.

It is left to clinician discretion if is believed that the use of coded end of life information within a patients shared Medical Record would cause a person undue distress. However, it should be noted that it is recommended best practice for sensitive conversations to take place with *all* patients that are nearing the end of their lives. Whilst these conversations are sometimes difficult, at the point of using EPACCS clinicians have a duty to ensure this happens. An example of wording that could be used with a patient is; "**The NHS works best when it works as a team. We can share information about how you are doing and about your preferences with other colleagues, so we can work together to help you. Are you happy for what we have discussed today to be shared?" You may choose to give examples such as the Ambulance Service, Out of Hours Doctors etc**

These consent codes are also used nationally and regionally to report, and monitor the number of people with an EPaCCS record (Cheshire also uses a set of locally defined measures to determine EPaCCS use -see section 6) These consent codes are NOT about gaining consent to share a patient's general medical records

HOW EPACCS IS USED IN CHESHIRE

Across Cheshire, EPaCCS is currently delivered using two main IT applications:

- EMIS Web
- Graphnet (via the Cheshire Care Record)

In the near future this list will expand to include:

- Cerner Millennium -as part of the move to Hospital Electronic Patient Records (EPR's)

ACCESS TO EPACCS

Current read and write access to EPaCCS (via EMIS) is available to all these key services:

- All Cheshire GP Practices
- All Cheshire Community Nursing and Therapy Services
- 2 out of 3 Cheshire Hospices
- A selection of Hospital Teams

Read only access is also available to:

- GP Out of Hours Services

CHESHIRE CARE RECORD (CCR)

The CCR also provides a view only summary of EPACCS to all of the above listed services as well as to these additional ones:

- Social Care
- Mental Health
- Acute Hospitals

(to add NWAS in the near future)

IMPORTANT: EPACCS data in the CCR is currently pulled from the Primary Care EMIS feed ONLY.

Therefore the GP EMIS record is considered to be the '**Primary EPaCCS Record'**.

Activity 3   Think of a patient on your caseload that is palliative and that you know well ?
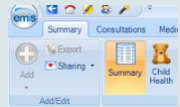
- Click on the summary tab within the patient record. This can be found at the top.

- Click on 'All Records' on the left hand side of the screen to view information across organisations that share data.

- At the top of your screen look to see whether you can see the EPaCCS icon (it should be on the top ribbon within the 'view' section)

If this is not on your screen you will need to take a few additional simple steps to configure this view:

- Go to the '**configure'** icon and click '**clinical views'** in the pop up box

- Select 'Palliative Care Coordination (EPaCCS)' within available views and press on the top green arrow to move this into selected views.

Press OK you should now see the EPaCCS summary icon appear at the top.

Activity 4   Write down any information that you find out from the summary view that differs from your knowledge of the situation?

For example they have a DNACPR form in the house but this is not in the summary, or I didn't realise they had a Lasting Power of Attorney…….

When EPaCCS is working well there should be no variations between the information within the EPaCCS summary view and your insights.

Additional Activity

If you have access to the Cheshire Care Record look at the EPaCCS tab and see what information is being pulled into this? If you spot anything from the summary view that isn't in the CCR then this is probably because the information in the GP record hasn't been updated and/or coded!

EPACCS WITHIN CHESHIRE

HOW TO GENERATE AN EPACCS RECORD

EPaCCS is essentially a set of data codes that provide a common language across IT systems

The generation of an EPaCCS record can therefore occur via any of the following means:

- Using the national EPaCCS template within the EMIS library
- Selecting an EPaCCS code that may have been integrated within other local service specific EMIS templates e.g. District Nurse templates
- Entering the data code directly into the EMIS record within a consultation

TIMELINESS OF COMPLETION

The full EPaCCS dataset represents information that *should* be considered, and where appropriate discussed, with patients (and their families/carers) <u>in a timely way</u>

In most circumstances completion of EPACCS will occur over a period of time and by several different people involved in the person's care

It is not always necessary or appropriate to complete all elements of the full EPaCCS dataset

Visit the EPaCCS area of the Cheshire EPAIGE to view the complete dataset that has been agreed for all areas across the North West.

Using the national EPACCS Template

Activity 5
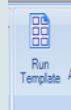
- Go to the consultation tab and press the green add button in the top left hand corner
- Check the date in the pop up box and **press OK**
- In the top menu select 'run template'
- Choose from the template library and select '**End of Life & Palliative Care Coordination (EPaCCS)'**

CHECKPOINT! If you are already in the Care Community Template you can also access the EPaCCS Template from the left hand column.

Activity 6 Take a look around the seven tabs of the EPaCCS template to familiarise yourself with the content. Write down the tabs that you think you are most useful to your role.

CHESHIRE MINIMUM DATASET

In recognition that the full EPaCCS dataset is quite extensive, in Cheshire there are **three minimal data fields** that you and the team should be routinely considering and recording before a person dies:

- The person was identified as approaching end of life[1] (using the GSF coding)
- They were given the opportunity to have some form of advance care planning discussion[2] (codes include declined discussions and not appropriate option)
- They had a recorded cardiopulmonary resuscitation status[3] (options include discussion only, indications that the patient is still for CPR)

After the patient has died you should also record their **Actual Place of Death** within the EPaCCS template.

Additional Activity

Talk with your team about ways that this minimum data set can be integrated into your everyday practice . Ask your manager about how the use of EPaCCS is being monitored for Community Nursing and what this might be telling you about how well your team are doing.

EPACCS WITHIN CCICP

WHO IS DISCUSSED AT YOUR PALLIATIVE CARE MEETINGS?

People are 'approaching the end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions
- general frailty and co-existing conditions that mean they are expected to die within 12 months
- existing conditions if they are at risk of dying from a sudden acute crisis in their condition
- life-threatening acute conditions caused by sudden catastrophic events.

Source: General Medical Council 2010.

Activity 7

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**Look at patients on your palliative care list.
Consider what proportion of these patients have a non-cancer diagnosis?**

AVERAGE GP CASELOAD DEATHS PER ANNUM

GP's Workload
Ave 20 Deaths per GP per year
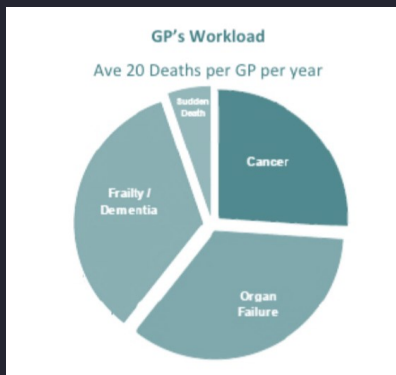
Activity 8

Think about how EPaCCS could be used to make your palliative care meetings more representative of the people that die every year in your community.

Imagine how through the use of EPaCCS you could create a list of palliative patients just from running a report. Think about how by using the summary view that you learnt about on page 4 to support your palliative care meetings, you can quickly establish an overview of the situation to inform your discussions.

CHECKPOINT!

Many GP Practices get concerned about adding non-cancer patients to their palliative care list because the meetings will take too long. However, through using EPaCCS to create the palliative care register you can keep discussions at the meeting focused on what action needs to be taken, and you can prioritise the most complex or poorly patients.

GSF Green Patient List
Parent Population: GSF Green List
Last Run: 24-Jun-2015 09:46   Relative Date: 24-Jun-2015 09:46

Additional Activity

Find out more information around creating an EMIS list. You will normally find somebody within the GP Practice that can do this. EMIS also have written guides on how to create these.

Discuss with your team which EPaCCS fields it would be useful to have an overview of on your palliative care list e.g. preferred place of care, CPR status. It may be useful to start with the minimum dataset (Pg5)

Visit Cheshire EPAIGE for more ideas about enhancing your Palliative Care Meetings   www.cheshire-

EPACCS & PALLIATIVE CARE MEETINGS

WHY USE THE LAST DAYS OF LIFE TEMPLATE (LDoLT)

The LDoLT is <u>used to support the final days and hours of life</u> and helps to support person-centred end of life care by:

- **reducing the chances of elements of care being overlooked**
- **facilitating clear and timely decision making at a point a person is recognised as dying**
- **providing a consistent approach across services to support communication and coordination of care**

It has been developed and informed by national guidance and recommendations e.g. NICE Care of the Dying Adult, Five Priorities for Care of the Dying Person

Use of the LDoLT Supports defensible medico-legal documentation around last days of life decision making as highlighted by; Gosport Enquiry, Frances Review, More Care, Less Pathway (Liverpool Care Pathway)

It aims to save time by reducing the need for end of life paperwork e.g. Nurse Verification of Death Forms and avoiding duplication as existing EPaCCS coding is pulled through onto the LDoLT

The LDoLT also provides supportive evidence for CQC

Informs a 'quick glance' summary view across services where there are sharing agreements to update on areas such as symptom control, communication with family, hydration, preferred place of death, suitability for Nurse Verification

GP SCREEN SHOT OF THE 5 MANDATORY FIELDS IN THE LAST DAYS OF LIFE TEMPLATE

There is a separate GP Template that each GP Practice has to import before they can access this (contact EoLP for help if unsure)

As a minimum the GP should complete the top 5 fields within the GP template—this assures you as a community nurse that the GP has considered reversible causes and is accepting medical responsibility around the decision that the patient could be dying.

Activity 9 👁◆◆👁   The community nursing version of the LDoLT is found in the EMIS template library

- Using the same instructions detailed on page 4 (to configure the EPaCCS summary view), configure the LDoLT summary view

- In the top left hand corner you will be able to see which of the 5 mandatory fields the GP has completed. In the other 3 quadrants you may also see any EPaCCS data that has been entered and is applicable to last days of life care (see illustration below).

LAST DAYS OF LIFE TEMPLATE

WHERE TO GO FOR FURTHER HELP AND SUPPORT

For further help and support with completing this workbook please contact The End of Life Partnership:

01270 310260

Info@eolp.org.uk

www.cheshire-epaige.nhs.uk

For general support in using EPaCCS you can also speak to you Specialist Palliative Care Nurse and St Luke's (Cheshire) Hospice .